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UNFPA – Annual report of the Executive Director

United Nations Population Fund

Report of the Executive Director

Progress made in implementation of the UNFPA strategic plan 2014-2017

Summary

This report analyses progress towards the 2014 results of the UNFPA strategic plan 2014-2017. The report addresses progress on implementation of General Assembly resolution 67/226 on the quadrennial comprehensive policy review (QCPR) of operational activities for development of the United Nations system, as requested by Economic and Social Council resolution 2013/05; and a summary of the contribution of the global and regional interventions to the strategic plan results, as requested by Executive Board Decision 2014/09.

Taking stock of the challenges met and the lessons learned, the report shows that UNFPA achieved the results it set for the first year of the new strategic plan. Annexes to the report, available on the UNFPA Executive Board web page, provide detailed analyses and information on UNFPA performance.

This report should be read in conjunction with the statistical and financial review 2014 (DP/FPA/2015/5 (Part I)/Add.1), which provides details of budgetary expenditures.

The Executive Board may wish to:

(a) Take note of the documents that make up the report of the Executive Director for 2014: DP/FPA/2015/5 (Part I, Part I/Add.1 and Part II);

(b) Take note with appreciation the progress achieved in implementing the results frameworks of the UNFPA strategic plan 2014-2017;

(c) Acknowledge and welcome the efforts undertaken by UNFPA to implement the revised strategic direction.

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Annexes are available on the UNFPA Executive Board website.

I. Introduction

1. In the first year of the strategic plan 2014-2017, UNFPA amplified organizational efforts to achieve the unfinished business of the International Conference on Population and Development (ICPD). Through four concrete outcomes, the new strategic plan puts sexual and reproductive health (SRH) and realization of reproductive rights squarely at the centre of the Fund's work, particularly targeting women, youth and adolescents. The plan also includes a set of reforms to improve delivery of results: a strengthened results framework, a new business model and improvements to funding arrangements.

2. This report analyses progress in implementing the new strategic plan and the results achieved in its first year. It also reports on progress in implementing General Assembly resolution 67/226 on the QCPR of operational activities for development of the United Nations system, as requested by Economic and Social Council resolution 2013/05. In addition it summarizes the contributions of UNFPA global and regional interventions (see detailed achievements in annex 5) to the strategic plan results, as requested by Executive Board Decision 2014/09. The reports points out challenges and lessons learned in implementing the new Strategic Plan.

3. The analysis shows that UNFPA progressed as planned and achieved the results it set. UNFPA continued providing leadership and support to accelerate progress towards achievement of Millennium Development Goal 5. The results of the ICPD operational review were accepted and used to inform the post-2015 development framework and continuation of the ICPD agenda beyond 2014. The Fund also successfully launched reforms to improve its effectiveness and efficiency.

4. This report consists of four sections. Following this introduction, section II addresses recent developments and emerging trends that give context to the first year of the strategic plan; section III reports on the UNFPA response; and section IV summarizes the progress made.

II. Recent developments and emerging trends

5. With one year remaining until the end of the Millennium Development Goal time frame, progress was on track for achieving a number of the targets. These include halving of extreme poverty; a two-thirds reduction in mortality of children under 5; increasing of primary school attendance in developing regions to 90 per cent; and narrowing of the enrolment disparity between boys and girls. However, progress on Goal 5, which is central to the UNFPA strategic plan, lagged behind. The maternal mortality ratio (target 5a) has declined by 45 per cent versus the target of 75 per cent, and approximately 800 women continue to die each day from preventable causes related to pregnancy and childbirth. In addition, reproductive health services (target 5b) are far from universally accessible.

6. Population dynamics continued to shape the development landscape. World population is projected to reach 8.4 billion by 2030, with poor families and low-income countries accounting for much of this growth. High mobility and migration continue to fuel growth in urban areas, which add more than 1.3 million people each week. The social and economic development gains achieved so far in the 21st century are at risk from inequality and urban poverty.

7. The number of young people aged 10 to 24, 1.8 billion, is the largest in human history. One third of them are adolescent girls with unique needs, challenges and hopes for the future. In many developing countries, this segment of the population presents both challenges and a one-time 'demographic dividend', an opportunity to trigger rapid economic growth and social advancement.

8. The global economy expanded unevenly in 2014, with growth estimated at 2.6 per cent, and is expected to grow by 3.1 per cent in 2015. The legacy of the global financial crisis continued to weigh on economic growth and resources for development work. However, the unfolding data revolution is opening a new frontier of information and innovation that has the potential to aid economic growth and social advancement.

9. The world witnessed an unprecedented increase in the number and complexity of humanitarian crises in 2014. The capacities of development partners were stretched by conflicts, disasters and the Ebola epidemic. These crises also offset development gains, cost many lives and compounded the suffering of millions of people.

III. UNFPA response

10. The Fund responded to the global context by leading acceleration of efforts to achieve Millennium Development Goal targets 5a and 5b. The focus was on adolescents and youth, particularly adolescent girls, including in humanitarian settings. This underscored the importance of maintaining the ICPD agenda as a global development priority beyond 2014.

11. UNFPA continued to provide leadership for and carry out interventions to accelerate progress towards these targets (see annex 7). It intensified implementation of family planning and adolescent and youth strategies (see annexes 8 and 9). The Fund worked in collaboration with key partners to launch the Roadmap to Accelerate Achievement of Maternal and Newborn Survival and Reach Millennium Development Goals 4 and 5. This initiative establishes integrated interventions across the spectrum of reproductive, maternal and newborn health. It also encourages the international community to intensify investments in these proven solutions.

12. UNFPA responded to 34 humanitarian crises, including the Ebola outbreak in West Africa and five Level 3 emergencies, in Central African Republic, Iraq, Philippines, South Sudan and the Syrian Arab Republic. In Nigeria, UNFPA assisted the 57 Chibok school girls who escaped from Boko Haram, providing psychosocial support and reproductive health services to their families and communities. Additionally, over 16,000 women from the three most affected States in the Northeast were supported to have safe deliveries.

13. In the three countries affected by the Ebola outbreak, as a member of the Global Ebola Response Coalition and with its response integrated into the United Nations Mission for Emergency Ebola Response UNFPA mobilized over 8,000 Ebola contact tracers, who monitored more than 90,000 contacts to prevent further transmission. In Sierra Leone, the Fund supported 450,000 women of reproductive age with reproductive health kits; in Guinea, UNFPA supported 10,000 pregnant and Ebola-cured women hygiene and solidarity kits; and in Liberia the Fund supported equipping of 370 health facilities nationwide (55 per cent) with supplies and equipment for infection prevention and control and reproductive health, including kits for Ebola patients and survivors of gender-based violence.

14. In consultation with Member States and civil society, UNFPA undertook a global review of implementation of the ICPD programme of action. The report emphasizes that human rights are critical to all areas of development and demonstrates the relevance and efficacy of the ICPD agenda. It also underscores why this agenda should continue to enjoy the support of Member States and be integrated into the post-2015 development agenda. The report informed the General Assembly review of the ICPD.

15. As part of the United Nations System Task Team on the Post-2015 UN Development Agenda, UNFPA also provided evidence of the socioeconomic benefits of investing in SRH and reproductive rights, gender equality and women's empowerment. This underscored the importance of prioritizing the needs and rights of adolescents and youth, especially adolescent girls, and addressing the relationships between population dynamics and development. UNFPA also contributed to the dialogue of the Open Working Group on Sustainable Development Goals, which proposed goals and targets that include SRH.

16. To maximize value for money in its on-the-ground work, UNFPA concentrated on interventions with the greatest potential impact in a given situation. It has instituted modes of engagement tailored to the context, helping countries with the highest needs and the lowest financing ability to access a full range of interventions. This includes advocacy and policy dialogue, knowledge management, capacity building and service delivery. At the same time the Fund has encouraged countries with fewer needs and greater abilities to finance their own programmes, allowing UNFPA to focus on advocacy and policy support. In this regard, country offices were asked to realign their programmes to the new strategic plan during 2014 and 2015, and so far 87 per cent have completed at least 90 per cent of the alignment plans. However, a lesson learned is the challenge of alignment for ongoing programmes, as in some cases it involved renegotiating with governments (see annex 4).

17. UNFPA scaled up its strategic partnerships to reach more people with SRH services, promoting realization of reproductive rights. In 2014, each global, regional and country programme drafted a partnerships strategy that will be implemented over the duration of the strategic plan 2014-2017.

18. The Fund's response to the global context also included consolidation of the effectiveness and efficiency gains from the reforms adopted following the midterm review of the strategic plan 2008-2013. These were incorporated into the new strategic plan. Details of these gains are presented in subsequent sections of this report.

IV. Progress towards the strategic plan results

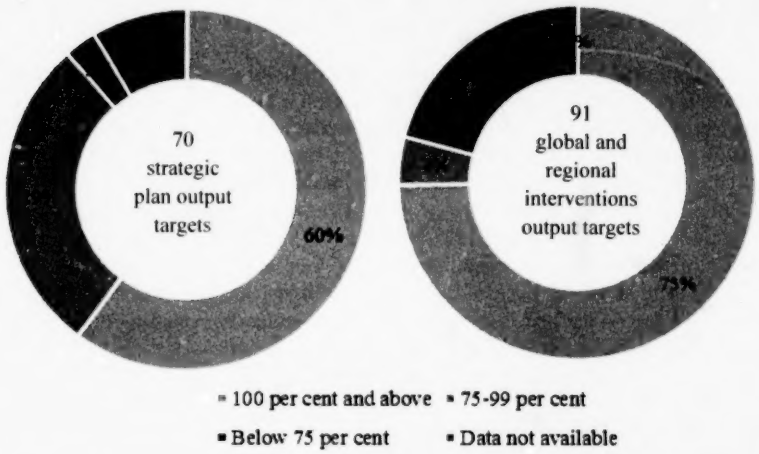
A. Summary of progress

19. This summary uses two assessment matrices: (a) trends in outcome indicators, between 2012, the baseline, and 2014 targets; and (b) achievement of the 2014 output indicator targets. There is no assessment against 2014 outcome targets, as the strategic plan set outcome targets biennially, beginning with 2015. A threshold of 75 per cent achievement of an output target is established as satisfactory.

20. UNFPA achieved the results that it set out to deliver in the first year of the strategic plan 2014-2017. More than three quarters of the outcome indicators (80 per cent) were positive compared to baselines and on track towards the 2015 targets.

21. As figure 1 shows, at the output level target achievement was satisfactory for 89 per cent of the indicator targets; for only 3 per cent was the achievement unsatisfactory. The performance of the global and regional interventions, through which global and regional offices contribute to the strategic plan results, was also strong, with satisfactory target achievement for 79 per cent of the output indicator targets. However, it was not satisfactory for 21 per cent of the targets.

Figure 1
Achievement of the output indicator targets (percentage)



22. Table 1 summarizes the results, highlighting key results and presenting the average achievement rate of output targets and distribution of expenditures, by outcomes. The table illustrates strong performance across the strategic plan outcomes, except for the global and regional interventions output targets for Outcome 3, which, at 72 per cent, was below the satisfactory mark. The unstable situation in some countries and delays in consultations with partners contributed to this underperformance.

23. In 2014, the Fund spent $959.7 million of the integrated budget, including $61.6 million of the global and regional interventions. In line with the integrated budget, the largest expenditure, 52.3 per cent, went to increasing access to SRH services and reproductive rights.

Table 1
Overall progress report card

Outcome	Highlights of 2014 results	Average achievement rate of output indicator targets	Expenditures
Outcome 1 Increased availability and use of SRH services	• Through contraceptive procurement, it is estimated that 29,140 maternal deaths, 10.7 million unintended pregnancies and 3.4 million unsafe abortions were averted; 29.8 million users accessed modern family planning methods; and 39.2 million couples were protected for one year from unwanted pregnancies* • Over 10,175 fistula repair surgeries (target 11,200) were supported through November 2014 • Humanitarian response work reached 5.4 million women and girls with SRH/gender-based violence prevention services in humanitarian settings • In 44 per cent of programme countries, 95 per cent of service delivery points have seven lifesaving maternal/reproductive health medicines, and in 74 per cent of programme countries, at least 60 per cent of service delivery points had no stock-out of contraceptives in the last six months • 43 programme countries increased the national budget for SRH by at least 5 per cent **----------Selected outputs----------** • 59 per cent of programme countries (target 63 per cent) have a costed, integrated national SRH action plan, and 79 per cent of programme countries (target 71 per cent) have guidelines, protocols and standards for health care workers for delivery of quality SRH services • 67 per cent of programme countries (target 72 per cent) use a functional logistic management information system for forecasting and monitoring commodities • 62 per cent of programme countries (target 64 per cent) have social behaviour change communication strategies for adolescents and youth • 38 programme countries (target 37) have at least one community-based sex worker-led organization engaged in designing, implementing and monitoring programmes that address the HIV and SRH needs of sex workers • 50 programme countries (target 37) have humanitarian contingency plans that include elements for addressing the SRH needs of women, adolescents and youth	Strategic plan: 96 per cent Global and regional interventions: 99 per cent	Total outcome expenditure: $501.2 million Percent of total expenditure: 52.3 per cent

Outcome	Highlights of 2014 results	Average achievement rate of output indicator targets	Expenditures
Outcome 2 Increased priority on adolescents, especially on very young adolescent girls	• 11.6 million adolescents were reached with SRH services • 68 per cent of programme countries have laws and policies that allow adolescents to access SRH services ----------**Selected outputs**---------- • In 63 programme countries (target 59), all national comprehensive sexuality education curricula are aligned with international standards • 41 programme countries (target 38) have health, social and economic asset-building programmes that reach out to adolescent girls at risk of child marriage	Strategic plan: 100 per cent Global and regional interventions: 92 per cent	Total outcome expenditure: $60.2 million Percent of total expenditure: 6.3 per cent
Outcome 3 Advanced gender equality and women's and girls' empowerment and reproductive rights	• 52 per cent of programme countries have a gender equality national action that includes reproductive rights with specific targets and national public budget allocations ----------**Selected outputs**---------- • 54 per cent of programme countries (target 41 per cent) have integrated gender-based violence prevention, protection and response in national SRH programmes • 54 per cent of programme countries (target 42 per cent) affected by a humanitarian crisis have a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership • 2,021 communities supported by UNFPA (target 1,800) declared the abandonment of female genital mutilation/cutting	Strategic plan: 99 per cent Global and regional interventions: 72 per cent	Total outcome expenditure: $95.6 million Percent of total expenditure: 10 per cent
Outcome 4 Strengthened population and national development policies and international development agendas through integration of evidence-based analysis	• 104 countries had at least one census of good quality in the past 10 years; and 101 countries have collected, analysed and disseminated national household survey data for estimation of reproductive health indicators ----------**Selected outputs**---------- • In 69 per cent of countries that experienced a humanitarian crisis (target 67 per cent), UNFPA provided technical assistance on the use of population-related data • 252 databases (target 299) are in place in 74 countries, with population-based data accessible by users through web-based platforms that facilitate mapping of socioeconomic and demographic inequalities	Strategic plan: 94 per cent Global and regional interventions: 84 per cent	Total outcome expenditure: $140.4 million Percent of total expenditure: 14.6 per cent

Outcome	Highlights of 2014 results	Average achievement rate of output indicator targets	Expenditures
	• 69 per cent of countries (target 69 per cent) have national statistical authorities with the institutional capacity to analyse and use disaggregated data on adolescents and youth • 54 per cent of countries (target 47 per cent) have developed and applied scientifically sound monitoring and evaluation procedures when introducing new SRH services and adolescent and youth programmatic interventions • *31 countries (target 48 countries)* implemented the population situation analysis to identify priorities and formulate policies and programmes**		
Organizational effectiveness and efficiency	----------**Outputs**---------- • 82 per cent of country programmes (target 45 per cent) duly monitor at least 90 per cent of country programme indicators, and 75 per cent of accepted programme evaluation recommendations (target 93 per cent) that were due during the year have been completed • 72 per cent of country offices (target 28 per cent) in high-risk countries have up-to-date humanitarian preparedness plans, and 73 per cent of UNFPA field units (target 52 per cent) use South-South or triangular cooperation to achieve results • $1,002.5 million was mobilized from OECD Development Assistance Committee (DAC) countries (target $1,018 million), $185 million was contributed by donors other than the top 15 donors (target $164 million) • Over 9,691 mentions of UNFPA were reported in the media (target 3,200), and UNFPA has 68,747 Twitter followers (target 50,000) and *105,969 Facebook followers (target 180,000)****	Strategic plan: 96 per cent Global and regional interventions: 83 per cent	Total outcome expenditure: $162.3 million Percent of total expenditure: 16.8 per cent

Note: Italics indicate performance of less than 75 per cent of target.
** Estimated using the Impact 2 and USAID models; potential results based on the family planning commodities procured.*
***Target not met because some countries use tools other than the UNFPA-supported population and situation analysis.*
****Target not met due to recent changes introduced by Facebook affecting its algorithm and dramatically decreasing the organic unpaid reach of pages.*

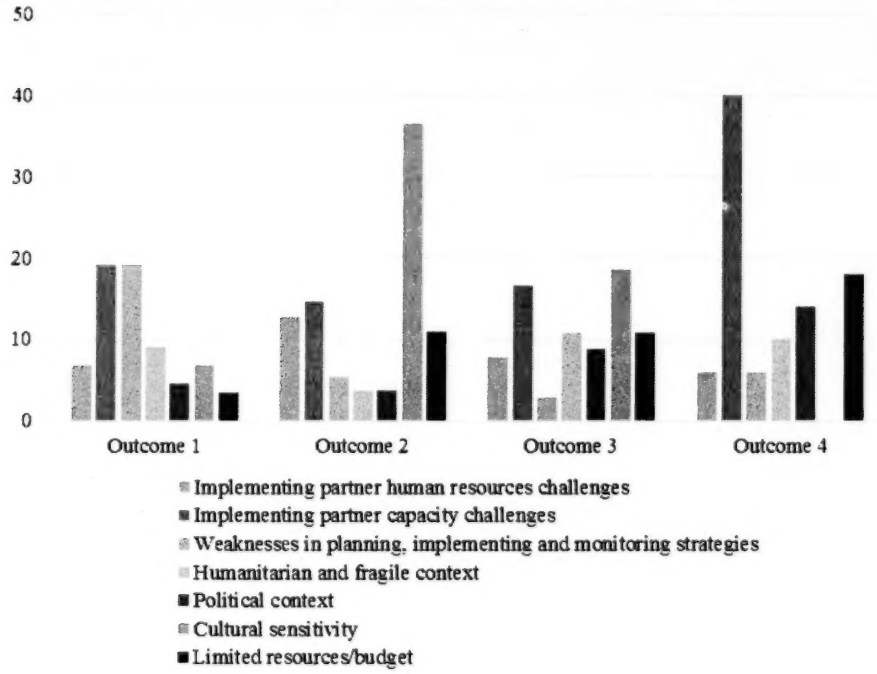
Source: Country office annual reports and statistical and financial review 2014

24. UNFPA faced challenges during the first year of implementing the strategic plan 2014-2017. Some, such as humanitarian crises, equally affected all outcome areas; others were more outcome-specific, as shown in figure 2.

25. Interventions to promote equality and rights, especially for prioritizing adolescents' needs and rights in national policies and frameworks, were by far the most affected by cultural sensitivities. Capacity issues facing implementing partners, although frequently cited for all outcomes, were most pronounced for Outcome 4. They mostly concerned government capacity to collect, analyse and disseminate census data. It is notable that weakness in programme planning, monitoring and reporting and limited implementing partner capacity were the two leading challenges for Outcome 1, which is predominantly oriented to service delivery.

26. UNFPA programme countries addressed these challenges through (a) implementing programmes in an inclusive, rights-based and culturally sensitive manner, engaging relevant stakeholders including religious parties and civil society actors; (b) applying harmonized approaches with other United Nations agencies, development partners and civil society organizations; (c) conducting proper environmental scanning; and (d) applying the human rights-based approach to programming and proper advocacy strategies.

Figure 2
Types of challenges cited by country offices, by outcome area



Source: Country office annual reports 2014

B. Results in detail

Outcome 1. Increased availability and use of integrated SRH services (including family planning, maternal health and HIV) that are gender responsive and meet human rights standards for quality of care and equity in access

27. Overall, steady progress was made in increasing the availability and use of integrated services. Seven of the 10 outcome indicators showed positive trends. The proportion of countries in which 95 per cent of service delivery points had the seven life-saving maternal/reproductive health medicines increased from 32 per cent to 44 per cent; and the estimated proportion of countries in which at least 80 per cent of live births were attended by skilled health personnel increased from 53 per cent to 59 per cent.

28. Exceeding even the 2015 target of 21, 43 countries increased their annual SRH budget by at least 5 per cent; and of the 77 countries with data on contraceptive stock-outs, 74 per cent had not experienced stock-outs in the past six months. Regional bodies adapted 22 resolutions including specific commitments on SRH, on course for achievement of the 2015 target of 24 resolutions.

29. It is estimated that contraceptive prevalence increased from 63 per cent to 63.7 per cent; and the proportion of demand for contraception satisfied increased from 84 per cent to 84.1 per cent. However, in the 46 countries that are the focus of the UNFPA thematic fund, the Global Programme to Enhance Reproductive Health Commodity Security, contraceptive prevalence is estimated to have increased by 0.8 per cent within a year.

30. Through its global and regional interventions the Fund advocated for expanded access to integrated SRH services. UNFPA co-chaired the Family Planning 2020 Reference Group; backed resolution A/C.3/69/L.20/Rev.1 on 'Intensification of efforts to end obstetric fistula', which was adopted by the General Assembly without a vote; and provided 42 technical inputs for promoting SRH in the ICPD agenda beyond 2014 and the post-2015 development agenda.

31. UNFPA chaired the H4+ partnership, a unique technical partnership bringing together UNAIDS, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), World Bank Group, World Health Organization and UNFPA. It works to intensify support to the countries committed to implementing the Every Woman, Every Child initiative to reduce maternal, newborn and child mortality and morbidity. During 2014 the partnership created an inter-agency list of essential medical devices for maternal and newborn health and a policy guide for implementing essential interventions for reproductive, maternal, newborn and child health.

32. In partnership with IPPF, UNFPA ensured that most marginalized and vulnerable people benefit from family planning innovations in over 16 priority countries. This included the use of technology to communicate health messages for young people in Dominican Republic, and the development of models of care that are youth friendly and accessible in Bolivia, Dominican Republic and Paraguay. The partnerships also supported harmonization of service delivery protocols in Africa; further research on the benefits of investing in adolescent and youth SRH has been commissioned. UNFPA and Planned Parenthood Federation of America (PPFA) are working to increase access to information and services on reproductive health for young people using mobile phone technology and social media in Nigeria and Ecuador. The project, Global Mobile: An Access to Health Information, is a pilot intervention, in two distinct populations and cultures. Experience gathered would be adapted in other countries.

33. UNFPA supported strengthening of behaviour change communication strategies and integration of SRH and HIV services. Engagement of youth and key populations continued, as did implementation of comprehensive condom programming. At the International AIDS Conference, UNFPA supported key adolescent and youth events. The Fund contributed to normative guidance for HIV and sexually transmitted infection programming with key populations. A memorandum of understanding was signed with the Global Fund to Fight AIDS, Tuberculosis and Malaria and operationalized in 13 countries. It has created a mechanism to scale up collaboration on HIV and SRH linkages.

34. At country level, UNFPA strengthened capacity for delivering integrated SRH services by providing financial and technical support, tools and guidance to advocate for and strengthen systems (see box 1). With UNFPA support, policies and/or costed action plans for integrated SRH services were formulated in Egypt, State of Palestine, Tonga and Trinidad.

35. The Fund continued to implement its 'Choice not Chance' strategy, launched in 2012, to increase capacity for family planning services. A major tool for this effort was the Global Programme to Enhance Reproductive Health Commodity Security resources. UNFPA provided technical support, tools and training to countries to strengthen supply logistics management, implement rights-based family planning programmes, and enhance health communications, outreach and community mobilization, focusing on youth and adolescents. By 2014, 84 countries had a functional logistic management system. The Fund supported procurement of contraceptives worth $-124.4 million in 98 countries.

36. A key lesson was the importance of innovative approaches, such as involving the private sector for supply chain management and using SMS-based inventory management, which reduced stock-out of contraceptives.

37. Progress was also made in strengthening national capacity to deliver comprehensive and high-quality maternal health services, including emergency obstetric and newborn care and midwifery. UNFPA supported preparation of key evidenced-based documents, such as *The State of the World's Midwifery 2014.* During the year, 24 countries used the results of emergency obstetric and newborn care needs assessments to scale up maternal and newborn health services.

38. The Fund continued to lead and scaled up the global Campaign to End Fistula. It comprises over 90 international partner agencies and supports over 50 countries to strengthen their national programming and policies. More than 10,175 fistula repair surgeries were conducted in 2014 with UNFPA support.

39. UNFPA also contributed to the *Lancet* special series on HIV and sex work, and made inputs into several guides. These addressed SRH and HIV linkages and indicators, and HIV/sexually transmitted infection programming with key populations. In addition inputs were provided to a services guide for sex workers and a guide for addressing HIV within human rights crises.

40. UNFPA also supported and strengthened networks, such as those of women living with HIV and youth-led coalitions for HIV prevention. These coalitions built a social movement to end AIDS by 2030 and advocated for incorporation of youth SRH needs and rights into the post-2015 development agenda. UNFPA also supported the All In and Act! 2015 initiatives. Condom programming to reduce sexual transmission of HIV, STIs and unintended pregnancy was strengthened through expansion of the CONDOMIZE! campaign to more countries, including Botswana, Swaziland and Togo. UNFPA remains the largest supplier of both male and female condoms to the developing countries. In 2014, UNFPA donated over 800,000 male and female condoms to developing countries needing these commodities the most, mainly to sub-Saharan African countries.

41. In 2014 UNFPA continued implementation of its new generation of humanitarian strategy, which emphasizes preparedness and capacity for responding to humanitarian crises. Forty per cent of UNFPA-supported countries have contingency plans that include an SRH component targeting women and young people, and 48 countries now have capacity to implement the minimum initial service package at the onset of crisis. In the Eastern Europe and Central Asia regional office, UNFPA piloted a minimum initial service package readiness assessment methodology that supported integration of SRH into national emergency preparedness plans. This methodology is a good lesson learned and will be replicated in other countries.

42. In 2014 the Fund increased the speed and comprehensiveness of its humanitarian response. In the Ebola-affected countries, UNFPA allowed the flexibility to switch programme funds to emergency funds and evoked the surge roster to enable a timely response. In Central African Republic, Iraq, South Sudan and Syrian Arab Republic, 2.7 million women were reached with reproductive health services, which included assistance to 437,315 deliveries.

43. The UNFPA strategy of focusing on priority countries is building capacity to deliver SRH services. Priority countries supported by thematic funds made significant progress compared with all countries, as shown in table 2.

Table 2

Performance comparison between thematic fund priority countries and all programme countries

Indicator	Percentage point increase between 2012 and 2014	
	Thematic fund focus countries	All programme countries
Availability of costed integrated national SRH action plan	17	12
Using functional logistic management information system	25	17
Using emergency obstetric and newborn care needs assessment to develop costed national action plan to scale up maternal and newborn health services	30	19
At least 60 per cent of service delivery points have no contraceptive stock-outs	23	1

Source: Country office annual reports 2014

44. The thematic fund provided flexibility that was very useful in adjusting to the switch from a development to a humanitarian emphasis, another lesson learned. This flexibility enabled a prompt response to the Ebola emergency.

Box 1. Selected country advances in increasing access to integrated SRH services

- **Mongolia**. The first-ever reproductive, maternal and newborn health expenditure tracking exercise was implemented with UNFPA support.
- **South Sudan**. UNFPA contributed to development of the reproductive health policy, Comprehensive Reproductive Health Strategic Plan and Family Planning Policy, which were launched by the President.
- **Papua New Guinea**. Advocacy on family planning with parliamentarians and senior national and provincial officials has resulted in a government allocation of $2.5 million to family planning interventions.

- **State of Palestine**. The Reproductive Health Strategy (2014-2016) was finalized and disseminated with UNFPA support. It will help to harmonize provision of SRH care at national level.

- **Nigeria**. Improving access to modern family planning methods for an estimated 2.1 million clients prevented an estimated 2,383 maternal deaths, 638,669 unintended pregnancies and 70,032 unsafe abortions.

- **Myanmar**. Commodity management and tracking systems were established for the first time.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH services

45. Adolescents, especially very young adolescent girls, were increasingly prioritized in development policies and programmes in 2014 (see box 2). The number of countries with laws allowing adolescents to access SRH services increased from 74 to 86, already surpassing the 2015 target of 78. The proportion of young women aged 15-24 who have correct knowledge about HIV prevention increased from 22 per cent to 23 per cent,. For young men, it remained at 32 per cent.

46. The Fund played a central role at the Girl Summit in London, aimed at ending early and forced marriage and female genital mutilation (FGM) within a generation. The summit resulted in significant United Kingdom funding for a global programme managed by UNFPA and UNICEF to accelerate actions to end child marriage in 12 countries.

47. UNFPA also contributed to a high-level panel on preventing and eliminating child, early and forced marriage, an initiative of the Human Rights Council, and is one of the partners working with the African Union on a campaign to end child marriage across Africa. UNFPA is the primary partner on a World Bank-funded $170.2 million project to expand access by women and girls to reproductive, child and maternal health services in five countries in Africa's Sahel region and the Economic Community of Western African States. It includes a major component on empowering adolescent girls.

48. At national level, particularly through the UNFPA-led Action for Adolescent Girls initiative, countries were provided with evidence, technical know-how and capacity in evidence-based programming on adolescents and youth. It focuses on adolescent girls, including in humanitarian settings. UNFPA advocated in 42 countries to allow adolescents and youth to have legal access to quality SRH counselling and HIV services, surpassing the target of 36 countries.

49. The Fund continued providing technical assistance and tools to support development of comprehensive sexuality education curricula aligned with international standards. In 2014, 24 countries, including Bhutan, India and Niger, aligned their curricula with international standards, bringing to 63 the number of programme countries with such curricula.

Box 2. Selected country advances in increasing priority on adolescents in development policies and programmes

- **Georgia**. The Government approved the comprehensive National Youth Policy, which integrates SRH, rights and gender equality issues.
- **Sierra Leone**. The National Strategy for the Reduction of Teenage Pregnancy, identified as a national priority by the government, was incorporated into the school curriculum, along with comprehensive sexuality education.
- **Philippines**. With UNFPA support, the National Youth Commission developed the Youth Development Index, which measures youth development in education, health, employment and participation.
- **Uganda**. Comprehensive sexuality education has been integrated into the national curriculum for lower secondary schools.
- **Honduras**. The Ministry of Education, with support from UNFPA, launched an online course in comprehensive sexuality education. As of September 2014, 7,462 people had enrolled, including teachers and departmental and district directors.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

50. Steady progress was made in advancing gender equality, reproductive rights and empowerment of women and girls (see box 3). The number of countries with a gender action plan covering reproductive rights and supported by a national budget allocation increased from 46 to 64. However, the proportion of countries that took action on all the reproductive rights recommendations accepted by the Universal Periodic Review from the previous cycle dropped from 37 per cent in 2012 to 23 per cent in 2014. The decline resulted from changes in the working methods of the Universal Periodic Review and the variation from session to session in the number of countries with a UNFPA country office, resulting in a different denominator.

51. In its capacity as convenor of the Inter-Agency Task Force on Engaging Faith-based Organizations for Development, UNFPA mobilized sister United Nations agencies, bilateral donors and major faith-based development partners to address the importance of SRH, and reproductive rights in particular, in the post-2015 development agenda.

52. UNFPA supported the development, dissemination and implementation of multisectoral essential services standards on gender-based violence, including FGM. In this regard, the first-ever joint programme between UNFPA and UN-Women was rolled out in 2014. In addition, under the UNFPA-UNICEF Joint Programme on FGM/C, 6,199 service providers strengthened their capacity on FGM prevention, protection and care in 2014. Over 23,000 women and girls received prevention, protection and care services related to FGM. Meanwhile 2,021 communities supported by UNFPA declared the abandonment of FGM, exceeding the target of 1,800. UNFPA developed an FGM and Midwifery Initiative to mobilize midwives in the global campaign to end FGM.

53. UNFPA supported civil society organizations, including faith-based groups, to engage in promoting reproductive rights and women's empowerment. In 19 countries civil society groups implemented diverse accountability mechanisms for addressing reproductive rights of women and girls, especially those who are marginalized, and key populations. They also supported 30 countries to institutionalize programmes for engaging men and boys on gender inequality, SRH and reproductive rights.

54. UNFPA led the coordination of gender-based violence services in humanitarian crises. Now, 54 per cent of countries affected by humanitarian crises have a functioning inter-agency gender-based violence coordination body, compared to 38 per cent in 2012.

Box 3. Selected country advances in gender equality, women's empowerment and reproductive rights

China. The government launched the formal process for adopting a national law on family violence. The Legislative Affairs Office of the State Council released the draft bill to solicit public opinion and comments.

India. The issue of prenatal sex selection has been integrated into the national reproductive and child health programme, various district plans, training initiatives and other efforts of the Ministry of Health and Family Welfare.

Tajikistan. The Parliament has established the National ICPD Committee and ratified the optional protocol to the Convention on the Elimination of All Forms of Discrimination against Women.

The former Yugoslav Republic of Macedonia. The Law on Domestic Violence was adopted, and support continued to develop three mandatory by-laws that will aid in implementation of the law.

Sudan. Gender, early marriage and FGM issues have been incorporated into the national educational curriculum.

Ethiopia. A national coordination mechanism was established that integrates men and boys into efforts that address SRH, HIV/AIDS and gender-based violence.

Mauritania. An FGM module was included in the curriculum of five public health schools, and 130 health professionals were trained in FGM.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality

55. UNFPA made progress in strengthening national policies and international development frameworks through integration of evidence-based analysis (see box 4). All strategic plan outcome indicators for this area showed positive trends: (a) the number of countries that had at least one census whose results were analysed and disseminated according to internationally agreed standards increased from 66 to 104; (b) the number of countries that conducted a national household survey allowing estimation of key population and reproductive health indicators increased from 69 to 101; and (c) the number of countries that completed evaluations on strategic interventions addressing SRH and adolescents and youth increased from 26 to 66. Additionally, 130 national development plans in UNFPA programme countries addressed population dynamics in setting development targets based on population trends and projections.

56. The Fund contributed to these trends through global and regional interventions. It provided technical assistance to the 2010 census round; contributed to discussions on the third revision of the principles and recommendations of the population and housing censuses; and took the lead in preparing a chapter on new technologies in census taking and in drafting recommendations for measuring maternal mortality in the 2020 census round.

57. At the global and regional level UNFPA developed 35 tools, exceeding the target of 2, to reflect key findings on UNFPA priority issues in the post-2015 agenda. These included knowledge products on ageing, prepared in collaboration with HelpAge International, and census-based maternal mortality estimations, prepared with the Maternal Mortality Estimation Inter-agency Group.

58. The Fund provided technical support to 39 countries to conduct, analyse and disseminate census data. It also facilitated South-South cooperation to replicate good practices in conducting censuses in Burkina Faso, Cape Verde, Colombia, Ethiopia, Peru and Senegal. UNFPA also supported countries to establish gender-based violence information management systems and provided technical assistance in collecting, analysing and using population data in humanitarian situations. As a result, countries such as Central African Republic and Niger initiated information management systems on gender-based violence during 2014.

59. Through specialized training and promotion of tools such as the gender-based violence survey module and the population situation analysis, UNFPA strengthened national capacities in data analysis and generation of evidence to inform policies and programmes. The population situation analysis was conducted in 31 countries, and the gender-based violence survey module was introduced in countries including Bangladesh, Cambodia, Sri Lanka, Viet Nam and Pacific Island countries.

60. Another lesson learned is the usefulness of gender-based violence information management systems in fostering inter-agency coordination and supporting referrals for the safety and protection of survivors.

Box 4. Country results in using evidence-based analysis to strengthen policies

Mongolia. The National Statistical System conducted a social indicator sample survey, using tablet computers to collect data. This enabled real-time data collection and data quality assurance at central level and reduced operational and administrative costs.

Iraq. UNFPA supported the Ministry of Planning to develop the National Population Policy and to set up a High Population Council. Presided over by the Prime Minister, it has representation by religious leaders.

Rwanda. The National Strategy for the Development of Statistics was prepared and approved by the cabinet, providing a framework to implement and monitor development policies, programmes and plans.

Azerbaijan. A comprehensive database on migration statistics was developed by the State Statistical Committee.

Myanmar. The Government undertook the first population census in 30 years.

C. Organizational effectiveness and efficiency

61. UNFPA improved its organizational effectiveness and efficiency in three areas: programme effectiveness; mobilization, management and alignment of resources; and adaptability.

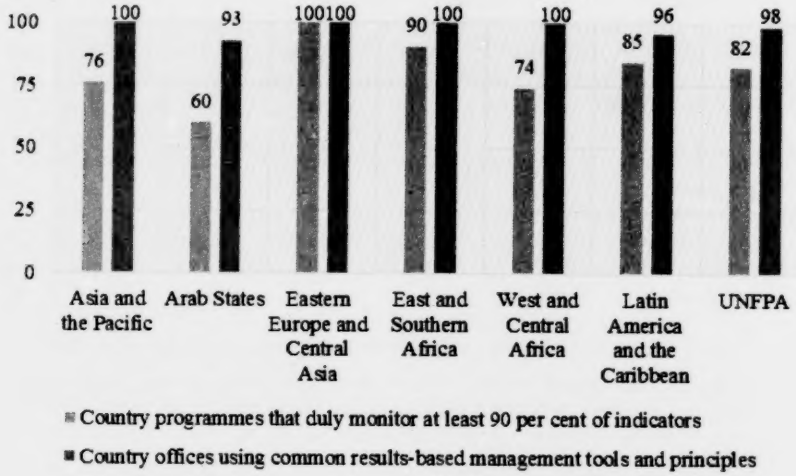
(a) Enhanced programme effectiveness by improving quality assurance, monitoring and evaluation

62. In 2014, UNFPA continued to build on programme effectiveness with formulation of a stronger strategic plan results framework and development of programming tools. These include the Global Programming System and the Strategic Information System.

63. The Fund also enhanced effectiveness by improving the quality of country programme documents. It developed theories of change to strengthen the conceptualization of new programmes and strengthened the capacity of staff in formulating programme results frameworks. At least one staff member from each country in Eastern and Southern Africa and the Arab States was trained in developing results frameworks. With this effort, the proportion of country programmes meeting quality criteria, at the time of submission to the programme review committee, increased from 45 per cent in 2013 to 64 per cent in 2014, exceeding the target of 60 per cent (see figure 3).

Figure 3

Percentage of country programmes that monitor programme targets and use common results-based management tools



Source: Country office annual reports 2014

64. Programme implementation monitoring was strengthened through roll-out of the global programming system, which supports management of annual work plan implementation and budgets. The Fund also completed pre-testing of the SIS/myResult system. To be launched in 2015, it will support systematic planning of programme results, track progress using quarterly milestones, streamline reporting through a one-stop source of programme results, and use signature indicators, which capture the potential impact of UNFPA interventions.

65. In 2014, improvements in evaluation continued to build on the achievements of the previous year with revision of the evaluation policy, establishment of an independent evaluation office and development of a corporate evaluation plan for 2014-2015. The Fund completed 78 per cent of evaluations planned for the year and implemented 75 per cent of the recommended follow-up actions. Further improvement was hampered by delays in some country evaluations and ongoing strengthening of the management response tracking system.

66. UNFPA also increased generation and sharing of good practices, from 185 in 2013 to 220 in 2014. Consistent with the QCPR request, the Fund scaled up South-South cooperation, with 74 per cent of programme countries using this modality to strengthen programme performance. This strategy has been identified as a corporate priority starting in 2015.

67. During 2014, UNFPA started prioritized tracking and reporting of the gender marker in its programmes. Programmes that had gender equality as the primary objective accounted for 11.1 per cent of total resources, those having significant or some contribution accounted for 38 per cent and 44 per cent respectively, and programmes with no contribution to gender equality accounted for only 8 per cent.

68. The Fund also contributed to improving system-wide results monitoring approaches, as called for in the QCPR. In particular, UNFPA participated in a joint UNDP-UNFPA-UNICEF pilot initiative on common results-based management approaches. This involved a joint mission to Malawi to help the United Nations country team strengthen its UNDAF monitoring mechanism. UNFPA is a core member of the inter-agency group preparing guidance on joint monitoring for results.

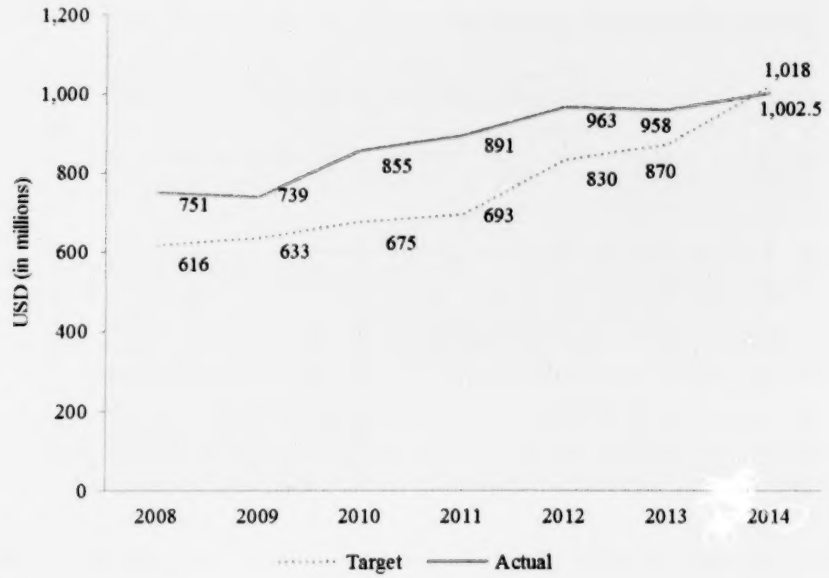
69. Also in response to the QCPR, UNFPA, together with UNDP, UNICEF and WFP, presented the Executive Board with a proposal to further simplify and harmonize the review and approval process for country programme documents. Following Executive Board decision 2014/7, UNFPA has implemented the requests made by the Executive Board, including inclusion of specific elements in country programme documentation.

70. Notwithstanding these improvements, the Fund needs to be proactive in cascading these approaches down to its implementing partners. The 2014 Board of Auditors report noted cases in which implementing partners' work plans lacked performance indicators, baselines and targets.

(b) Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management

71. In 2014, UNFPA received the highest contribution revenue in its history, totalling $1,002 million in mobilized resources (see figure 4). This surpassed the target for core funding, mobilizing $477 million against a target of $476 million. In co-financing $525 million was mobilized against the target of $542 million. UNFPA also maintained a strong core-to-co-financing ratio of 48:52. This supports the aspiration of achieving a critical mass of resources to attain strategic plan outcomes.

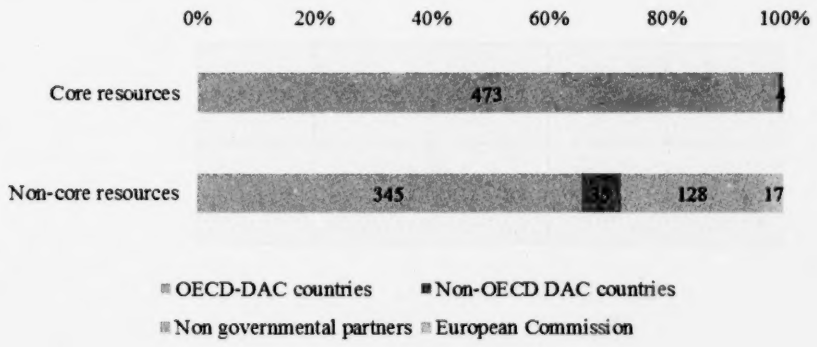
Figure 4
Reaching resource mobilization targets



Source: UNFPA Resource Mobilization Branch

72. UNFPA continued to maintain a robust donor base of 132 Member States in 2014 and to strengthen its engagement with emerging donors. The total contribution revenue to regular resources was $477 million. Of this, 98 per cent was from the top 15 traditional donors, and 2 per cent from others.

Figure 5
Contributions for core and non-core funds



Source: UNFPA Resource Mobilization Branch

73. To diversify its donor base, UNFPA strengthened its engagement with non-traditional donors and partners, including international financial institutions, regional banks, civil society and the private sector. In 2014, UNFPA strengthened its cooperation and partnerships with the World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, The Vaccine Alliance.

74. The capacity of UNFPA to engage with country offices in bolstering and diversifying resource mobilization efforts was significantly strengthened through the involvement of regional resource mobilization advisers and regional and country offices. The result was an increase in contributions from the BRICS (Brazil, Russian Federation, India, China and South Africa), primarily from Brazil and the Russian Federation, from $2 million in 2013 to $3 million in 2014. Contributions from programme country governments almost tripled, from $12 million in 2013 to $34 million in 2014.

75. Overall, UNFPA was perceived by donors as having improved its mobilization and alignment of resources through an increased focus on value for money. UNFPA received a favourable rating in a number of major donor assessments, including the Multilateral Organisation Performance Assessment Network.

76. To ensure continuing adaptation to evolving trends in resource mobilization, UNFPA started work on a new resource mobilization strategy, to be presented to the Executive Board for approval at the Second Regular Session of 2015. The Fund also took part in numerous structured exchanges on funding, such as the United Nations Global Compact, Global Financing Facility, Innovative Humanitarian Financing and the mandated funding dialogue with the Executive Board QCPR-mandated dialogues.

77. Humanitarian funding to UNFPA increased substantially, from $41 million in 2013 to $101 million in 2014, in response to the unprecedented demand for emergency assistance. The Fund also expanded programmes in support of peacebuilding in countries in transition. It mobilized $5 million from the United Nations Peacebuilding Fund, a fivefold increase compared to 2013.

78. UNFPA aligned its resource management in accordance with the new strategic plan and operationalized the new cost recovery methodology by issuing a policy implementing the Executive Board decision. It also provided offices with guidance and tools to budget for indirect and direct costs in donor-funded project proposals. The percentage of total income used for recurrent management costs in 2014 was 10.7 per cent, below the target of 11.2 per cent.

79. UNFPA obtained a clean audit opinion in 2014. The percentage of UNFPA operating fund account advances that were overdue was reduced to 1.3 per cent. These results are evidence of improved programme delivery.

80. Through its co-convener role at the Fiduciary Management Oversight Group of the UNDG, UNFPA played a leading role in working with donors, United Nations organizations and field locations regarding pooled and joint funding mechanisms. Along with partner agencies, UNFPA led the development of an oversight framework using the best practices advocated by the Institute of Internal Auditors. This was subsequently adopted by the United Nations High Level Committee on Management. As chair of the Task Team on Common Premises, UNFPA cooperated with other members to draft a system-wide strategy as well as guidance on public-private partnerships for establishing common premises, as requested by the QCPR.

81. UNFPA is fully compliant with the standards of the International Aid Transparency Initiative and has embarked on the ambitious target of providing quarterly data in 2015.

82. Human resources management underwent a transformation process in 2014. This included the launch of a new strategy and action plan, aligned to the strategic plan 2014-2017, as well as implementation of a new business structure for human resources administration. Three branches were created: the Integrated Talent Branch, Human Resources Services Branch and Strategic Partnering Branch. Human resources strategic partners were embedded in all regional offices and at headquarters.

83. While hiring capacity remained at the same level, the vacancy rate increased slightly, from 16.3 per cent in 2013 to 17 per cent in 2014. This was due to the 5.4 per cent increase in approved posts. The second round of candidate assessments was conducted for the Leadership Pool, launched in 2013. Thus far 58 candidates have been assessed, and 32 were placed in posts on an interim basis.

84. UNFPA remains strongly committed to addressing performance issues. As a result, 33 per cent of staff identified as under-performing in the last two years were separated. According to the 2014 Global Staff Survey, 39 per cent of staff perceived that UNFPA deals effectively with underperformance, an increase from 33 per cent in 2012. The current performance evaluation system is the benchmark in the United Nations system; other organizations have adopted it or are doing so. In addition, a new competency framework was developed and promulgated. The Fund also supports improving staff skills by providing learning opportunities. So far, 784 staff members have completed the distance learning course on population issues.

85. Finally, 2014 marked the first year of operationalization of the centralized funding modality in support of the Resident Coordinator system. UNFPA provided its full share in accordance with the UNDG cost-sharing formula and will continue to do so through the strategic plan and the integrated budget cycle. Further, UNFPA supports the ideal of One UN by implementing a number of inter-agency movements and participating in inter-agency fora, particularly the International Civil Service Commission Compensation Review of International Staff Compensation Package and the Human Resources Network.

(c) Increased adaptability through innovation, partnership and communications

86. The Fund continued to implement its strategy to increase partnerships with the private sector and foundations. In 2014 UNFPA encouraged a broad view of partnership to facilitate growth of its partner base, supporting non-financial collaboration as well as more traditional philanthropic partnerships. In-kind and advocacy partnerships amounted to $8.1 million, $4.6 million in goods and $3.5 million in services. This work led to 17 new partnerships in 2014 and an increase in the number of partnership agreements signed. Compared to 2013, UNFPA recorded a 33 per cent increase in revenue from the private sector, from $10.5 million to $14 million. To ensure the accountability of private-sector partnerships, partner screening was optimized through due diligence and other risk management activities.

87. UNFPA has significantly expanded its global media outreach. In 2014 the Fund received around 800 influential media references per month on average, and the *ICPD Beyond 2014* report, launched in February, received more than 130 media references globally.

88. The UNFPA Facebook page has received 105,969 'likes', an increase of more than one third since January 2014. The UNFPA Twitter account now has about 68,742 followers, an increase of 31,845 since January 2014. The Executive Director's Twitter account has almost doubled its followers since then.

89. As the development landscape changes with ever-increasing speed, UNFPA has a tremendous opportunity to innovate to ensure the organization can respond flexibly, creatively and quickly to deliver meaningful results. In 2014 UNFPA established an Innovation Fund, funded through Denmark's Innovation Facility, to promote a culture of innovation and to develop new structures to translate innovative ideas into practice. It received 56 project proposals from country, regional and headquarters teams. Among the innovative projects to be launched in 2015 are a Lab on Population and Sustainable Development, a Big Data Boot Camp and a Population School. New mobile applications will increase young people's access to information on SRH and other topics.